

Monthly Checking Account Deduction Authorization



The Program

The California Major Risk Medical Insurance Program (MRMIP) offers members the option to pay their premium directly from their checking account.

This service offers the member many advantages:

- Convenience
- No bills to miss
- No checks to write
- Saves on postage
- Worry-free payment of premium
- Avoid cancellation of coverage for non-payment of dues

Instructions

1. Complete and sign the Monthly Checking Account Deduction Authorization below. This form authorizes Anthem Blue Cross (the plan administrator) and its affiliates to automatically withdraw your premium from your personal checking account on the first day of each month.
2. Attach a sample of your check marked "VOID." It will be used as a record of your checking account number. **Deposit slips or temporary checks are NOT acceptable.**
3. Continue to make payments until your automatic payments go into effect.
4. Your automatic dues payment will begin on the first of the month only.

Mailing Address

Major Risk Medical Insurance Program (MRMIP)
P.O. Box 9044
Oxnard, CA 93031-9044
Fax Number: 1-805-987-6084

We need 30 days advance notice to begin, change or delete the auto withdrawal information.

Subscriber name		Name of bank		
HCID no.	Group no.	Address		
Name on checking account <i>(if different than above)</i>	Checking account no.	City	State	ZIP code
Authorized signature <i>(as it appears in the financial institution's records)</i> X	Date	Auto deduction date to begin: ____/01/____		
Authorized signature <i>(as it appears in the financial institution's records)</i> X	Date	<input type="checkbox"/> New <input type="checkbox"/> Change of bank information		

MONTHLY CHECKING ACCOUNT DEDUCTION AUTHORIZATION

AUTHORIZATION: As a convenience to me, I request and authorize you to pay and charge to my account, checks drawn on that account by and payable to the order of MRMIP provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I authorize Anthem Blue Cross to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my MRMIP dues. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NOTE: Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Deduction and be billed monthly. After 12 months, you may re-apply for the monthly checking account deduction option. *Member contribution checks and electronic withdrawals that are returned by member's bank may result in disenrollment back to the last month(s) paid and will result in being charged a returned item processing fee of \$25.00.*

You will incur a service charge for any withdrawal not honored.